



Operator Accident Report – Vehicle Accidents

Please provide the information below as completely as possible and submit the completed form to either the Dispatch Office or the Road Supervisor on the same day as the accident. Use additional pages if necessary.

**Notice to Operator -- Do Not Discuss This Accident with Anyone
Except Transit Representatives.**

☐ RTS ☐ BBS ☐ LATS ☐ LL ☐ OTS ☐ STS ☐ WATS ☐ WYTS

Transit Operator Information

Name: _____

Address: _____

Badge #: _____ Tel #: _____

Other Vehicle

Operator's Name: _____

Address: _____

Owner's Name: _____

Address: _____

Vehicle License Plate #: _____ State: ☐ N.Y. ☐ Other (specify) _____

Make: _____ Model: _____ Color: _____ Year: _____

Insurance Company/Code: _____ Policy #: _____

Accident Information

Date: _____, 200__

Time: _____ ☐ am ☐ pm

Location _____

Bus No. _____ Line _____ Block # _____

Bus was: ☐ Standing ☐ Moving Approximate Speed _____ mph

Weather Conditions: ☐ Clear ☐ Cloudy ☐ Rainy ☐ Snowy

Road Conditions: ☐ Dry ☐ Icy ☐ Slushy ☐ Snowy ☐ Wet

Injuries? ☐ No ☐ Yes If so, identify who was injured and, to the best of your ability, the apparent nature of the injury.

Damage to Transit Vehicle? ☐ No ☐ Yes If so, describe the apparent nature of the damage.

Damage to the Other Vehicle? ☐ No ☐ Yes If so, describe the apparent nature of the damage.

Damage to the Other Property? ☐ No ☐ Yes If so, describe the apparent nature of the damage.

of Courtesy Cards Distributed: _____
Names and Telephone Numbers of Witnesses:

Please provide a detailed description of the accident. (Use additional sheets if necessary):

Please draw a diagram below indicating the position of the vehicles involved in any other relevant information:

Name of Employee Filing Report (Print Name) _____
Signature of Employee _____
Date Report Completed _____